

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008188

318

1003

2601

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 15 1962

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

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480X-30

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
9 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis-Little Rock
Hospitals, Inc.,Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY
OR
TOWN Overland,Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
2217 Sims CourtReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
FrankMiddle
GroverLast
Herider4. DATE
OF
DEATHMonth
MarchDay
6,Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 19, 1886

9. AGE (last birthday)

75 yrs

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Garman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

MIAMI, OHIO

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

HARRY HERIDER

13b. MOTHER'S MAIDEN NAME

MARTHA GAULT

14. NAME OF HUSBAND OR WIFE

Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gertrude Herider 2217 SIMS AVE.
OVERLAND, MO.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

Senility

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 26, 1962, to March 6, 1962, and last saw her alive on March 6, 1962.
Death occurred at 6:45 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

3-7-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL AUTO

23b. DATE

3-9-62

23c. NAME OF CEMETERY OR CREMATORY

SLATER CITY CEM.

23d. LOCATION (City, town, or county)

Slater Mo.

(State)

24. FUNERAL DIRECTOR

Baumann Bros. Inc. Funeral Home
2804 Woodson Rd. Overland, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAR 7 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is ^{recorded} recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. C. Gibson*

Licensed Embalmer No. 3454

P. O. Address Overland 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.